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**TRANSMITTAL  
FORM**(To be used for all correspondence  
after initial filing)

Application Number	10/004,277
Filing Date	October 11, 2001
First Named Inventor	C. Cayce Warf, Jr.
Art Unit	1761
Examiner Name	Robert A. Madsen
Attorney Docket No.	110088.451

**ENCLOSURES (check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement; Form PTO-1449<br><input type="checkbox"/> Cited References<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Declaration<br><input type="checkbox"/> Statement under 37 CFR 3.73(b)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s) _____<br><input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> )<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Additional Enclosure(s) ( <i>please identify below</i> ):<br>_____<br>_____<br>_____ |
|--|---|--|

**Remarks****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	Karl R. Hermanns	Customer Number <b>00500</b>
Signature		
Date	October 28, 2003	

**CERTIFICATE OF TRANSMISSION/MAILING**

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : C. Cayce Warf., Jr. et al.  
Application No. : 10/004,277  
Filed : October 11, 2001  
For : TREATMENT FLUID APPLICATION APPARATUS FOR  
FOODSTUFFS AND METHODS RELATED THERETO

Examiner : Robert A. Madsen  
Art Unit : 1761  
Docket No. : 110088.451  
Date : October 28, 2003

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

AND PRELIMINARY AMENDMENT

Commissioner for Patents:

In response to the Restriction Requirement dated October 9, 2003, Applicants hereby elect Group I, claims 1-62, for examination at this time.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.